



97W

PTO/SB/01 (03-04)  
Approved for use through 03/31/2004. OMB 0551-0001  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Patent Trademark Act of 1980, no response is required to receipt of a collection of information from a person if the collection is not required to be answered by the person.

<b>TRANSMITTAL FORM</b>  (To be used for all correspondence after initial filing)	Application Number	10/664,450
	Filing Date	9/20/2003
	First Named Inventor	471 Haganaka
	Art Unit	2168
	Examiner Name	M. H. Hrivivadi
	Attorney/Agent Number	CHA92003 0010451
Total Number of Pages in This Submission		20

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) <i>Figure 7</i> <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> After Withdrawal/Rejection(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication in Response of Appeals and Interventions
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Appeal Communication to TC (Appeal Motion, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Reissue	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	IBM Corp	
Signature	<i>[Signature]</i>	
Printed name	JAMES E. MURRAY	
Date	3/9/07	Reg. No. 29915

CERTIFICATE OF TRANSMISSION MAILING		
I hereby certify that this correspondence is being furnished transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage so that class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature	<i>E. A. Sarno</i>	
Typed or printed name	E. A. SARNO	Date 3/12/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or maintain a benefit by the public which is to the best of the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.21 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. CONTACT: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Approved for use through COMUSMIL, OMB 501-002  
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no person should be required to furnish information unless it displays a valid OMB control number

Fee payment is due under the Copyright Royalty Act, 2002-117, 48 USC 1801.

## FEE TRANSMITTAL For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \_\_\_\_\_

### Complete If Known

Application Number 10/664,450  
Filing Date 9/20/2003  
First Named Inventor Y. H. Haganata  
Examiner Name M. H. Alwinedi  
Art Unit 2168  
Attorney Docket No. CHA920030010US1

### METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number 09-0469 Deposit Account Name IBM Corporation  
For the above identified deposit account, the Check is hereby authorized to: (check all that apply)  
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
under 37 CFR 1.15 and 1.17  
WARNING: Information on this form may become public. Confidential information should not be included on this form. Provide credit card information and authorization on PTO-5030.

### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	280	140	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

Fee Description		Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)		30	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		300	150
Total Claims	Enter Claims	Fee (\$)	Fee Paid (\$)
- 20 or 10 = _____ x _____ = _____			
10 = highest number of total claims paid for, if greater than 10.			
Actual Claims	Enter Claims	Fee (\$)	Fee Paid (\$)
- 3 or 10 = _____ x _____ = _____			
10 = highest number of independent claims paid for, if greater than 3.			

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (including electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c).  
Total Sheets \_\_\_\_\_ Enter Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$)

#### 4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): \_\_\_\_\_ Fee Paid (\$)

SUBMITTED BY \_\_\_\_\_  
Signature James E. Murray Registration No. 20,915 Telephone (845) 462-4763  
Name (Printed) JAMES E. MURRAY Date 9/9/07

This collection of information is required by 37 CFR 1.17. The information is required to obtain or maintain a patent which is to be filed by the (USPTO) to prevent an applicant. Confidentiality is guaranteed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is subject to the collection of information, including gathering, preparing, and submitting the completed application form to the USPTO. Fees will vary depending upon the collection of information. Any change in the amount of fees you require to complete this form and/or application for a patent, should be made to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1070, Alexandria, VA 22304-0107. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1070, Alexandria, VA 22304-0107.  
If you need assistance in completing this form, call 1-800-PTO-6188 and select option 2.